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Healthy Child Care Missouri

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Every day, approximately 268,500 infants, toddlers and preschool children (about 60%) spend part or most of their day in some type of child care setting in Missouri. Because child care plays such a major role in a child's life, it is critical to ensure that child care and early childhood programs provide high quality experiences for children.

With the national focus on brain research and its impact on early child development, medical professionals, child care professionals and parents are taking a second look at the quality of child care and the interaction between caregivers and children. Child care is a valuable point of access to assuring the healthy development of children.

To reinforce existing efforts to cultivate healthy and safe child care environments and to stimulate new efforts, the Bureaus of Child Care and Maternal and Child Health in the U.S. Department of Health and Human Services have joined together to launch the Healthy Child Care America Campaign. A Blueprint for Action was developed to encourage implementation of ten action steps designed to achieve safe and healthy child care environments.

The ten action steps are not prioritized. Each step is as important as the next and implementing only part of the steps can still improve child care for children. The ten action steps are:

Step 1: Promote safe, healthy and developmentally appropriate environments for all children in child care.

Step 2: Increase immunization rates and preventive services for children in child care settings.

Step 3: Assist families in accessing key public and private health and social service programs.

Step 4: Promote and increase comprehensive access to health screenings.

Step 5: Conduct health and safety education and promotion programs for children, families and child care providers.

Step 6: Strengthen and improve nutrition services in child care.

Step 7: Provide training and ongoing consultation to child care providers and families in the areas of social and emotional health.

Step 8: Expand and provide ongoing support to child care providers and families caring for children with special health needs.

Step 9: Use child care health consultants to help develop and maintain healthy child care.

Step 10: Assess and promote the health, training and work environment of child care providers.

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To complement and partner with the national Healthy Child Care America Campaign, the Missouri Department of Health is promoting the *Healthy Child Care Missouri* program (also known as the Child Care Nurse Consultation Program), which emphasizes the role of the health consultant in child care. *Healthy Child Care Missouri* recognizes the child care environment as a focal point to integrate health care, child care and social support services from programs serving young children and families. *Healthy Child Care Missouri* supports collaborative, statewide and community-based efforts to ensure safe, healthy and developmentally appropriate child care environments for all children, including children with special needs, and their families.

Through the *Healthy Child Care Missouri* program, the Department of Health funds 101 local health agencies across the state to provide consultation services/education regarding health and safety issues to child care providers, children and families of children in care. Local health agency nurses and other health consultants link caregivers and families to primary care providers and other health and social service programs, including Medicaid, First Steps, child care resource and referral agencies, child care licensing staff, WIC and many other state and local resources.

Local health agency health consultants may provide clarification about a child care provider's health and safety policies and procedures, especially policies related to child illnesses and communicable disease outbreaks, or specific health and safety issues. On-site consultation may include identification of health and safety risks, review of children's immunization records, or implementation of infection control procedures. A one-hour assessment may lead to a health promotion and injury prevention workshop. Using videotaped and printed resources, nurse consultants are able to help caregivers identify possible signs and symptoms of illness, practice basic first aid and access local resources.

Local health agency nurse consultants will contact child care providers to determine the provider's interest in consultation services. However, many child care licensing staff, child care resource and referral agencies, parents and other caregivers also refer child care providers to the nurse consultants in their area. *Healthy Child Care Missouri* also encourages physicians and other primary care providers to refer families and child care providers to nurse consultants when they become aware of communicable disease concerns in the community that may impact the safety or health of children.

During the year ending September 30, 1997, over 4,000 hours of consultation services/education were provided to child care providers, children and their families. *Healthy Child Care Missouri* consultation services/education are provided free of charge.

If you would like more information about *Healthy Child Care Missouri* or the name of the nurse consultant in your area, please contact the Missouri Department of Health, Bureau of Nutrition and Child Care Programs at (573) 526-5344.

Tuberculosis Awareness Fortnight

March 8–21, 1998

Each year the American Lung Associations of Eastern and Western Missouri, along with the Missouri Department of Health, Bureau of Tuberculosis Control, co-sponsor Tuberculosis Awareness Fortnight.

Physicians and health care providers are encouraged to participate by providing displays, educational materials and lectures to staff and clients on the importance of tuberculosis screening, prevention and treatment.

Activities for Tuberculosis Awareness Fortnight are being planned. If you are interested in participating in these activities, or to obtain additional information or literature on tuberculosis, please contact:

American Lung Associations
of Eastern and Western Missouri
(800) LUNG-USA
or
Bureau of Tuberculosis Control
(573) 751-6122

Food Recalls—What Do They Mean to You?

David Stull
Environmental Public Health

From January 1 thru October 31,1997, there were 12 food product recalls in Missouri. The recalled products were found to be contaminated with such disease causing organisms as Norwalk virus, hepatitis A virus, *Salmonella*, *Cyclospora*, *Listeria monocytogenes* and *E. coli* O157:H7. There was one recall involving a mislabeled product that contained undeclared digitalis.

To evaluate what a food recall means in the way of risk of exposure to the population at large, it is beneficial to understand how the recall system works. Generally, recalls are voluntary and are initiated by the manufacturer of the involved food product either as a result of their own product testing, a customer complaint or testing done by a regulatory agency.

Federal agencies such as the Food and Drug Administration (FDA) and the United States Department of Agriculture (USDA) are charged with classifying and monitoring recalls. Both FDA and USDA utilize a three class system in recalling products. Although the wording in their classifications are not identical, they are very similar and are summarized together below.

Class 1 Recall: A situation in which there is a reasonable probability that the use of, or exposure to, the recalled product will cause serious adverse health consequences or death.

Class 2 Recall: A situation in which use of, or exposure to, the recalled product may cause temporary or medically reversible adverse health consequences, or where the probability of serious adverse health consequences is remote.

Class 3 Recall: A situation in which use of, or exposure to, the recalled product is not likely to cause adverse health consequences, but is in violation of a federal standard.

The objective of a recall is to limit the exposure of the public to any violative product as quickly as possible by removing the product from retail sale and distribution, informing the public of the recall so that previously purchased product will not be consumed, and notifying the general public and medical community of the possible health effects if the product is consumed.

If the efforts to recall the product have been determined to be ineffective by the federal agency monitoring the recall, it has several options at its disposal. It can reclassify the recall, ask for assistance from state regulatory agencies, and finally, take action through the federal courts. State regulatory agencies generally have legal authority to remove products from the market much quicker than federal agencies and often assist in federally monitored recalls.

Although each recall situation is unique, the general rule is that as the public health significance of the recall increases, so does the involvement of the regulatory agencies.

Class 1 Recalls can result in FDA and the Department of Health making contact with all known distribution centers and retail outlets with the necessary assistance of county and city health agencies to assure that the recalled product is being removed from the market place. In addition, press releases are issued, either by the involved manufacturer or the regulatory agencies, to inform the public on how to identify the product, proper disposition of the product and symptoms caused if the contaminating agent is consumed. Also, the medical community would receive special notification of possible exposures in their community and be requested to report known illnesses that could be associated with the contaminated products.

Class 2 Recalls can result in press releases to the public with the same type of information that would be given in a class 1 recall. Either FDA or the Department of Health would contact the manufacturer to determine the appropriateness of this action. Also, the Department of Health would provide local health agencies with all of the necessary information pertaining to the recall and would ask them to assist in checking known distributors and retail outlets to insure that the recalled product has been removed from the market.

Class 3 Recalls can result in as little action as a news release being sent to the appropriate news agencies and memos to the state and local regulatory agencies to make them aware of the recall. This allows the state and local regulatory agencies to answer questions from the public pertaining to the recall.

Presently, the effectiveness of a food recall depends largely on the company producing the contaminated product, how organized their distribution system is, and how dedicated they are to removing the recalled product from the market. A well-organized company with a dedication to quality assurance can have a suspected product removed from the market before the regulatory agencies have time to respond. They would also be making efforts to assure that consumers who may have purchased such products are being informed through the news media and other sources on how to identify the recalled product, what to do with the product and what the health effects may be if the product is consumed.

Regulatory agencies can and do take action to remove contaminated products from the market, but without the cooperation of the food industry, the number of people exposed to the contaminated product will be greater because of delays as the regulatory agencies struggle with communications,

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CDC and ATSDR Electronic Health Information Resources

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The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) are national resources for both public health information and information retrieval tools. To help public health practitioners make better use of these resources, some of the more important information resources and information technology tools available from CDC are described. These tools make public health information accessible via computer and automated telephone systems and on electronic media (diskette and CD-ROM).

This listing is not all-inclusive, but rather it highlights those systems that were judged to be of most general use to the health officer. The potential user of these systems must be forewarned that most of these systems are not integrated with each other, nor do they share common interfaces or data standards.[1] CDC is aware of this problem and is currently working hard to streamline and coordinate its technology efforts.

Information Available by Telephone or Fax

CDC Voice Information System

The CDC Voice Information System (VIS) provides telephone access to hundreds of prerecorded messages on subjects such as AIDS, immunization, hepatitis, chronic fatigue syndrome, Lyme disease and injuries (to name just a few). There is a special section of information for travelers. The injury choice has a section on obtaining grants.

Hundreds of documents can be "faxed back" to the caller (callers enter their fax number using a touch-tone telephone). Callers may request up to five documents at a time; certain documents can be mailed. Most of the documents are written for the lay public.

There is often information on late-breaking news (e.g., outbreaks). Some choices offer the option of being transferred to a CDC professional who can answer more specific questions.

Obtaining access:
Disease and Risk Information:
(888) 232-3228 (toll free—voice and fax)
(888) 232-3299 (toll free—fax only)
Travel Recommendations:
(404) 332-4559 (voice and fax)
(404) 332-4565 (fax only)
Required equipment:
Touch-tone telephone; access to long distance line.
Cost:
None, except for long distance charges; there is no charge for documents faxed or mailed to users.

National Institute for Occupational Safety and Health (NIOSH) Information System

The NIOSH Information System provides telephone access to ordering information on NIOSH publications and databases (including the *Pocket Guide to Chemical Hazards*, *Manual of Analytical Methods*, NIOSHTIC® and RTECS® [the databases are discussed separately in the text that follows]); prerecorded information on timely topics such as indoor air quality, carpal tunnel syndrome, homicide in the workplace and so on; information about NIOSH training materials, including videos; information on obtaining NIOSH grants; and an explanation on how to request a NIOSH investigation of workplace hazards. There is also the option of being transferred to a CDC professional who can answer more specific questions. Unlike the CDC VIS described previously, much of this information is targeted at public health professionals, although some of the material is intended to provide the general public with access to NIOSH information.

Obtaining access:
(800) 356-4674
Required equipment:
Touch-tone telephone; access to long distance line.
Cost: None

Information Available on CD-ROM and Diskettes

CDC Prevention Guidelines Database (PGDB)

The CDC Prevention Guidelines Database* (on diskette and CD-ROM) contains all of CDC's officially cleared recommendations and guidelines for the prevention of disease, injury and disability, and many of CDC's guidelines for public health practices. The material for this database was assembled in a cooperative project by liaisons in all of CDC's centers, institutes and offices, under the guidance of a steering committee.

The PGDB contains over 400 prevention guidelines documents. About two-thirds of these documents were originally published in the *Morbidity and Mortality Weekly Report* (MMWR); the rest were published as CDC monographs, brochures, book chapters and peer-reviewed journal articles. Most of the articles are relatively short; some (such as *Health Information for International Travel 1994* and *Youth Suicide Prevention Programs: A Resource Guide*) are book length. Although the main PGDB at CDC is updated weekly, the CD-ROM/diskettes version is published quarterly.

Obtaining access:
Contact Division of Public Health Systems, CDC at (800) 638-0672. The PGDB may also be accessed via CDC WONDER (described below).
Required equipment:
DOS-based desktop computer and Microsoft *Windows*; a CD-ROM drive is required for the CD-ROM version.
Cost:
$49.95 for initial dataset; there is a small charge every year for updates

* The CDC Prevention Guidelines Database is now available via Internet at http://aepo-xdv-www.epo.cdc.gov/wonder/prevguid/prevguid.htm.

Chronic Disease Prevention File

The Chronic Disease Prevention (CDP) File** (CD-ROM version) contains six comprehensive bibliographic datasets:

- **Health Promotion and Education Dataset**—contains over 25,000 bibliographic citations and abstracts focusing on disease prevention and health promotion, including program information;
- **Comprehensive School Health Dataset**—contains citations and abstracts focusing on various aspects of comprehensive school health programs. A core component of the dataset includes information on resources for human immunodeficiency virus (HIV) prevention education;
- **Cancer Prevention and Control Dataset**—contains entries emphasizing the application of effective breast, cervical and skin cancer early detection and control program activities and risk reduction efforts;
- **Prenatal Smoking Cessation Dataset**—contains information on the application of effective prenatal smoking cessation program activities and risk reduction efforts;
- **Epilepsy Education and Prevention Activities Dataset**—contains entries emphasizing the application of effective epilepsy early detection and control program activities, education and prevention efforts; and
- **Smoking and Health Dataset**—includes bibliographic references and abstracts of scientific and technical literature about smoking and tobacco use.

A CDP directory listing key contacts and organizations in areas of chronic disease prevention (such as nutrition and cancer) is also included.

Obtaining access:
The CDP File CD-ROM is available on a paid, annual subscription basis from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402; Ph: (202) 512-1800. It is updated every six months. The order number for the CDP File is 717-145-00000-3. (Note: there is also at least one site in each state where health professionals and educators can search the CDP File.***) In addition, the CDP File may also be accessed via CDC WONDER [discussed later]. For more information, contact the Technical Information and Editorial Services Branch, National Center for Chronic Disease Prevention and Health Promotion, CDC at (770) 488-5080.

Required equipment:
DOS-based desktop computer with a CD-ROM drive

Cost: $44 annually

Health, United States

Health, United States (on diskette) contains the annual report of the President and Congress on the health of the nation. There are data on mortality, morbidity, hospitalizations and so on, largely at the national and state levels. It is available as either spreadsheet files of the tables only, or a more enhanced version that uses a text viewer to provide access to text, charts and tables.

Obtaining access:
Contact the Data Dissemination Branch, National Center for Health Statistics, CDC at (301) 436-6154.

Required equipment:
DOS-based desktop computer and software that can read Lotus files (for spreadsheet version); or desktop computer with Microsoft *Windows* 3.0 or higher (for text viewer version)

Cost:
$15 to $55 (spreadsheet version); $27 to $90 (text viewer version); costs vary by vendor (as do accepted forms of payment and delivery time)

NIOSHTIC®

NIOSHTIC® is the National Institute of Occupational Safety and Health's electronic, bibliographic database of literature in the field of occupational safety and health that is updated quarterly. About 160 current, English language technical journals provide approximately 35 percent of the additions to NIOSHTIC® annually. Retrospective information (some from the 19th century) is also acquired and entered. It includes information on behavioral sciences; biochemistry, physiology and metabolism; toxicology; pathology and histology; chemistry; control technology; education and training; epidemiological studies of diseases and disorders; ergonomics; health physics; occupational medicine; safety; and hazardous waste.

Obtaining access:
NIOSHTIC® is available on CD-ROM from several commercial vendors. For information about vendors of all NIOSH electronic products, call (800) 356-4674; there is an option to speak directly with a NIOSH information specialist. Or, write to NIOSH, 4676 Columbia Parkway (C-13), Cincinnati, OH 45226; FAX: (513) 533-8573; E-mail: pubstaft @cdc.gov.

Required equipment:
DOS-based desktop computer and a CD-ROM drive

Cost:
$250 to $950 (the software varies by vendor [who set costs], and other databases are sometimes packaged with NIOSHTIC®)

RTECS®

RTECS® is the Registry of Toxic Effects of Chemical Substances. It is a database of toxicological information compiled, maintained and updated by NIOSH. It represents NIOSH's efforts to list all known toxic substances and the concentrations at which toxicity is known to occur. It contains data on over 130,000 chemicals, abstracted from the open scientific literature.

Obtaining access:
RTECS® on CD-ROM may be acquired from several commercial vendors. For information about vendors of all NIOSH electronic products, call (800) 356-4674; or write to NIOSH, 4676 Columbia Parkway (C-13), Cincinnati, OH 45226; FAX: (513) 533-8573; E-mail: pubstaft @cdc.gov.

Required equipment:
DOS-based desktop computer and a CD-ROM drive

Cost:
$250 to $2,000 (the software varies by vendor [who sets cost], and other databases are sometimes packaged with RTECS®)

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**The Chronic Disease Prevention File is now available via Internet as part of the Combined Health Information Database (CHID) at http://chid.nih.gov (described on page 9).

*** The following sites in Missouri have a copy of the CDP File CD-ROM and are willing to allow access to that file:

Division of Chronic Disease Prevention and Health Promotion, Missouri Department of Health, 101 Park DeVille Drive, Columbia, MO 65203. Contact Jeannette Jackson-Thompson at (573) 876-3283.

Epilepsy Foundation for the Heart of America, 6550 Troost, Kansas City, MO 64131. Contact Trish Miller at (816) 444-2800.

Epilepsy Foundation of the St. Louis Region, 7100 Oakland Avenue, St. Louis, MO 63117. Contact Kathleen Kaiman at (314) 645-6969.

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Toxicological Profiles

ATSDR's Toxicological Profiles[§] (CD-ROM) consist of all final ATSDR toxicological profiles, which are extensively peer-reviewed, covering the toxicological effects of hazardous substances, chemicals and compounds. It contains more than 14,000 pages worth of comprehensive, up-to-date data on the mitigation of health effects, all available health data and data gaps. Each profile includes an examination, summary and interpretation of available toxicological and epidemiological data evaluations of the hazardous substance, including environmental fate; and a determination of the levels of significant human exposure for the substance and the associated acute, intermediate and chronic health effects. It is fully indexed and can be searched easily (including across profiles).

Obtaining access:
Order from CRC Press Inc., 2000 Corporate Blvd., NW, Boca Raton, FL 33431; Ph: (800) 272-7737 or FAX: (800) 374-3401.

Required equipment:
DOS-based desktop computer with Microsoft *Windows* and CD-ROM drive

Cost: $125

Information Available by Modem

CDC National AIDS Clearinghouse ONLINE

CDC NAC ONLINE is the computerized information network of the CDC National AIDS Clearinghouse (CDC NAC). It is designed for nonprofit AIDS-related organizations and other HIV/AIDS professionals. Users must be granted access by CDC NAC staff. Users include CDC and Public Health Service staff, other health administrators, universities, community-based organizations, health educators and service providers. CDC NAC ONLINE contains the latest news and announcements about AIDS- and HIV-related issues, including prevention and education campaigns, treatment and clinical trials, legislation and regulations and upcoming events.

CDC NAC ONLINE provides direct access to CDC clearinghouse text databases such as the Resources and Services Database of organizations providing AIDS-related services. The system also features electronic mail and interactive bulletin board forums, and it is the original source of the *AIDS Daily Summaries* newsclipping service.

Obtaining access:
Contact CDC NAC, P.O. Box 6003, Rockville, MD 20849-6003; Ph: (800) 458-5231; TDD: (800) 243-7012; FAX: (301) 738-6616

Required equipment:
DOS-based Macintosh or desktop computer with a modem (CDC NAC provides the software)

Cost:
Software and access are provided free of charge to nonprofit AIDS-related organizations and other authorized HIV/AIDS professionals.

CDC WONDER

CDC WONDER, an information and communication system developed by CDC specifically for public health, provides access to a wide variety of reports, including CDC publications (title, author, abstract) and other bibliographies; the Chronic Disease Prevention bibliographic files; the Healthy People 2000 objectives and associated data sources; all of CDC's official prevention guidelines; a calendar of public health training courses and resources at CDC and elsewhere; CDC's *Emerging Infectious Diseases* journal (described below); and advisories for overseas travelers.[1–3]

The full text of the MMWR (1982 to present) is searchable on-line. MMWR articles may be downloaded in full, and (for MMWR article since September 1993) figures and tables are included in downloaded articles. There is also a listing of CDC experts by their area of specialization.

CDC WONDER's Info Exchange is a special bulletin board-like database for posting and exchanging materials among CDC staff and the 16,000 registered CDC WONDER users in health departments, schools of public health and medicine, laboratories, clinician's offices and elsewhere. All requested documents are automatically downloaded for printing or inclusion in other materials.

Obtaining access:
Currently, the CDC WONDER Internet site is the only place to obtain the software. CDC WONDER Support staff are directing all their efforts toward developing this site. The present plan is to support PC WONDER through December 1999, then discontinue support. After that, CDC WONDER will only be available through the Internet site. (Software may be obtained from a colleague; there are no restrictions on duplication. However, each user needs his or her own account.)

Required equipment:
DOS-based desktop computer and a modem.

Cost:
CDC WONDER software can be downloaded free of charge from the CDC WONDER Internet site at http://wonder.cdc.gov. Employees of state and local health departments may obtain an account (not software or manuals) free of charge by mailing (not faxing) a CDC WONDER user registration form, and a letter on official health department stationery to CDC WONDER User Support, 1600 Clifton Road, Mail Stop C-08, Atlanta, GA 30333 Ph: (888) 496-8347, FAX: (404) 639-4662. The letter should state that, as an employee of the health department, they are requesting that CDC provide a CDC WONDER User ID at no charge. Health department staff who receive an account this way will need to acquire a copy of the software and documentation from a colleague on download from the CDC WONDER Internet site.

NIOSHTIC®

NIOSHTIC® (described previously) is also available on-line.

Obtaining access:
NIOSHTIC® is accessible on-line from several commercial vendors. (Those who cannot access NIOSHTIC® through the NIOSH-listed commercial sources may still have the search performed by a public library or an information broker/computer search service.) For information about vendors of all NIOSH electronic products, call (800) 356-4674; or write to NIOSH, 4676 Columbia Parkway (C-13), Cincinnati, OH 45226; FAX: (513) 533-8573; E-mail: pubstaft@cdc.gov.

Required equipment:
DOS-based desktop computer, a modem and basic telecommunications software.

Cost:
On-line prices range from $30 to $60 per connect hour plus print charges. NIOSH does not set prices; vendors should be contacted directly for price information.

[§] ATSDR's Toxicological Profiles are now available via Internet at http://atsdr1.atsdr. cdc.gov:8080/gsql/toxprof.script.

RTECS®

RTECS® (described previously) is also available on-line.

Obtaining access:
RTECS® is accessible on-line from several commercial vendors. For information about vendors of all NIOSH electronic products, call (800) 356-4674; there is a direct option as well as an opportunity to speak with a NIOSH information specialist, Or, write to NIOSH, 4676 Columbia Parkway (C-13), Cincinnati, OH 45226; FAX: (513) 533-8573; E-mail: pubstaft @cdc.gov.
Required equipment:
DOS-based desktop computer, a modem and basic telecommunications software
Cost:
On-line prices range from $30 to $60 per connect hour, plus print charges. NIOSH does not set prices; vendors should be contacted directly for price information.

Information Available via the Internet

CDC Home Page

The CDC Home Page on the Internet provides detailed information on CDC programs; access to CDC information resources such as CDC WONDER, *Emerging Infectious Diseases*, HazDat, and the MMWR (described below); and pointers to other public health resources on the Internet, including servers at the Department of Health and Human Services, the National Library of Medicine and the World Health Organization. There is also an FTP (file transfer protocol for the Internet) service for obtaining documents, including selections from Emerging Infectious Diseases, the MMWR, tuberculosis recommendations and rating of the inspection records of cruise ships.

Obtaining access:
http://www.cdc.gov
ftp://ftp.cdc.gov
Required equipment:
Access to the Internet and a Web browser
Cost: None

CDC NAC Internet Services

The CDC NAC Internet Services provides access to the *AIDS Daily Summary*, AIDS-related MMWR articles; tables from CDC's HIV/AIDS Surveillance Report and other CDC documents, as well as information about prevention, treatment and living with HIV.

Obtaining access:
http://www.cdcnac.org
gopher://gopher.niaid.nih.gov:70/11/aids/cdcnac
ftp://cdcnac.org
You can subscribe to an electronic mail listing of files, press releases and so forth through the Internet site.
Required equipment:
Access to the Internet and a Web browser (or just access to Internet mail to receive mailings)
Cost: None

CDC WONDER

CDC WONDER via the Internet provides the same data that are available in CDC WONDER by modem (see previous description). Because this system allows the submission of ad hoc database queries, the user may be required to complete a "request" and await a "response" (or receive a response via electronic mail).

Obtaining access:
http://wonder.cdc.gov
Required equipment:
Access to the Internet and a Web browser
Cost: None

Emerging Infectious Diseases

Emerging Infectious Diseases (EID) is a quarterly peer-reviewed journal distributed on the Internet. Its goals are to promote the recognition of new and re-emerging infectious diseases and to improve the understanding of factors involved in disease emergence, prevention and elimination. EID has an international scope and is intended for professionals in infectious diseases and related sciences. It is divided into three sections:

- **Perspectives**—A section addressing factors that underlie disease emergence, including microbial adaptation and change, human demographics and behavior, technology and industry, economic development and land use, international travel and commerce and breakdown of public health measures.
- **Synopses**—Concise, state-of-the-art summaries of specific diseases or syndromes and related emerging infectious disease issues.
- **Dispatches**—Brief laboratory or epidemiologic reports with an international scope.

Obtaining access:
http://www.cdc.gov/ncidod/EID/eid.htm (or from CDC Home Page)
ftp://ftp.cdc.gov/pub/EID
Required equipment:
Access to the Internet and a Web browser
Cost: None

HazDat

HazDat (Hazardous Substance Release/Health Effects Database) contains information on the release of hazardous substances from Superfund sites and emergency events, including information on site characteristics, contaminants found, impact on population, community health concerns, ATSDR recommendations, environmental fate of hazardous substances, exposure routes and physical hazards at the site/event. HazDat also contains substance-specific information, such as the ATSDR Priority List of Hazardous Substances, health effects by route and duration of exposure, metabolites, interactions of substances, susceptible populations and biomarkers of exposure and effects. There are hundreds of lengthy, detailed entries that can be searched by single words. Access to Internet is required for use.

Obtaining access:
http://atsdr1.atsdr.cdc.gov:8080/hazdat.html
Required equipment:
Access to the Internet and a Web browser
Cost: None

Morbidity and Mortality Weekly Report (MMWR)

The MMWR contains brief articles on timely issues and provisional notifiable disease data, based on weekly reports to CDC by state health departments. (The reporting week concludes at close of business on Friday; data compiled nationally are released to the public on the succeeding Friday.) Current issues and some back issues and selected associated publications (Report and Recommendations, Surveillance Summaries) are available for downloading from a Web server. The files are in Adobe Acrobat format (the viewer is available for downloading). Typical

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issues are 250 to 400 Kbytes, but summaries are available on-line.

Obtaining access:
http://www.cdc.gov/epo/mmwr/mmwr.html (or from the CDC Home Page)
gopher://cwis.usc.edu:70/11/The_Health_Sciences_Campus/Periodicals/mmwr
ftp://ftp.cdc.gov/pub/Publications/mmwr
To receive a weekly table of contents and announcements, send electronic mail to listserv@listserv.cdc.gov, with SUBSCRIBE MMWR-TOC as the message.

Required equipment:
Access to the Internet and a Web browser (or just access to Internet mail to receive the MMWR electronically mailed)

Cost: None

Electronic Data Available on CD-ROM and Diskettes

AIDS Public Information Data Set

The AIDS Public Information Data Set (on diskette) contains summary surveillance data on the AIDS epidemic in the United States. The dataset has two components. The first is a file with one record per patient diagnosed and reported with AIDS. These records contain basic demographic, clinical and HIV transmission risk information. This component is best used for analyzing trends and characteristics of the AIDS epidemic at the national level. The patient-level file can be exported in either ASCII or dBASE compatible format for analysis. The second component is a set of predefined tables that contains much of the information available on the patient-level dataset together with geographic identifiers (state and metropolitan statistical area). This component is most appropriate for analysis of data at the state and local levels. Software for viewing, printing and exporting the data and tables is included.

Obtaining access:
CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003; Ph: (800) 458-5231; TDD: (800) 243-7012; request inventory number #D206

Required equipment:
DOS-based desktop computer

Cost: None

Behavioral Risk Factor Surveillance System (BRFSS)

Data from the BRFSS (1984–93 on CD-ROM) contains prevalence information on state level risk factors for chronic diseases, including smoking, drinking alcohol, seat belt usage and so forth. Included software facilitates exploratory analysis and mapping. An updated CD-ROM, including 1994 data, standardized geocoding and additional documentation, became available in late 1995.

Obtaining access:
Contact Division of Adolescent and School Health, CDC at (770) 488-3259.

Required equipment:
DOS-based desktop computer and a CD-ROM drive

Cost: To be determined

National Center for Health Statistics (NCHS) Data Files

NCHS data files (on CD-ROM) are available for: the National Health Interview Survey (1988–92); the National Ambulatory Care Survey (1990); the National Hospital Discharge Survey (1990); the Longitudinal Study of Aging (1984–90); and the Live Birth/Infant Death files (1985–88). These data are accessed via the *Statistical Export and Tabulation System* (SETS), a software program written by NCHS to provide a query interface to national data and dataset documentation on CD-ROMs or diskettes that will allow public health practitioners to make wide use of the benefits of the information age.

Obtaining access:
For ordering information, contact the Data Dissemination Branch, NCHS, CDC Presidential Building, Room 1064, 6525 Belcrest Road, Hyattsville, MD 20782; Ph: (301) 436-8500; or address electronic mail to sets@nch10a.em.cdc.gov

Required equipment:
DOS-based desktop computer with CD-ROM drive

Cost: $15 to $30

Electronic Data Available by Modem and Internet

CDC WONDER

CDC WONDER via modem provides access to data on mortality, natality, population, cancer incidence, motor vehicle and occupational injuries, hospitalizations, AIDS and other sexually transmitted diseases and many other numeric datasets. Results are downloaded to the user's microcomputer where, using integrated software supplied with the system, results can be viewed, tabulated, graphed and printed; or exported for editing, inclusion in other documents, or analysis in specialized statistical software. Most queries take one to two minutes.[2,3] Data are derived from standard public use files, or data prepared especially for CDC WONDER from existing data. The databases and associated reports are developed cooperatively with data providers who add information to the system. Each dataset has on-line documentation (i.e., information on how the data were collected, the phrasing of the question on a questionnaire, sampling methods, known biases and errors, and references). New data are added regularly.

CDC WONDER via the Internet provides access to much of the same data that are available in CDC WONDER via modem. Tabulating and graphing will require the user to download *CDC WONDER Tables and Graphs*, which is the no-cost, DOS-based software built into the CDC WONDER DOS client. Alternatively, users may use their own software for this purpose; *CDC WONDER Tables and Graphs* has an export module to facilitate conversions to any one of 10 common formats.

Obtaining access:
Currently, the CDC WONDER Internet site is the only place to obtain the software. CDC WONDER Support staff are directing all their efforts toward developing this site. The present plan is to support PC WONDER through December 1999, then discontinue support. After that, CDC WONDER will only be available through the Internet site. (Software may be obtained from a colleague; there are no restrictions on duplication. However, each user needs his or her own account.)

Internet access is available at http://wonder.cdc.gov

Required equipment:
DOS-based desktop computer and a modem. Internet access and a Web browser are necessary for Internet access.

Cost:

CDC WONDER software can be downloaded free of charge from the CDC WONDER Internet site at http://wonder.cdc.gov. Employees of state and local health departments may obtain an account (not software or manuals) free of charge by mailing (not faxing) a CDC WONDER user registration form, and a letter on official health department stationery to CDC WONDER User Support, 1600 Clifton Road, Mail Stop C-08, Atlanta, GA 30333 Ph: (888) 496-8347, FAX: (404) 639-4662. The letter should state that, as an employee of the health department, they are requesting that CDC provide a CDC WONDER User ID at no charge. Health department staff who receive an account this way will need to acquire a copy of the software and documentation from a colleague on download from the CDC WONDER Internet site.

There is no charge for Internet access.

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State Public Health Laboratory Report

Newborn Screening — Hypothyroidism, Phenylketonuria, Galactosemia and Hemoglobinopathies

James Baumgartner, B.S., M.B.A., Chief, Metabolic Disease Unit

	Jul 97	Aug 97	Total YTD
Specimens Tested	11,257	10,573	81,972
Initial (percent)	63.4%	63.4%	51,598
Repeat (percent)	36.6%	36.6%	30,374
Specimens: Unsatisfactory	175	164	1,244
HT Borderline	1,153	1,226	10,556
HT Presumptive	33	38	543
PKU Borderline	8	4	46
PKU Presumptive Positive	0	2	7
GAL Borderline	67	112	884
GAL Presumptive Positive	3	3	13
FAS (Sickle cell trait)	95	70	615
FAC (Hb C trait)	21	22	186
FAX (Hb variant)	16	17	110
FS (Sickle cell disease)	1	0	13
FSC (Sickle C disease)	2	1	8
FC (Hb C disease)	0	1	2

HT = Hypothyroidism, PKU = Phenylketonuria, GAL = Galactosemia, Hb = Hemoglobin, YTD = Year to Date

Editorial Note: While updating the phone numbers and access sites for the above article, I discovered the following health information database:

The Combined Health Information Database (CHID)

CHID is a database produced by health-related agencies of the federal government. This database provides titles, abstracts and availability information for health information and health education resources. CHID can be accessed at http://chid.nih.gov.

The value of this database is that it lists a wealth of health promotion and education materials and program descriptions that are not indexed elsewhere. New records are added quarterly and current listings are checked regularly to help ensure that all entries are up to date and still available from their original sources. Some older records are retained for archival purposes.

CHID is updated four times a year. The updated database is available by the end of these months: January, April, July and October.

At present, there are 18 topics on CHID. When searching CHID, you can search either individual topics or the entire database. The topics are:

- AIDS Education
- Alzheimer's Disease
- Arthritis and Musculoskeletal and Skin Diseases
- Cancer Patient Education
- Cancer Prevention and Control
- Comprehensive School Health
- Deafness and Communication Disorders
- Diabetes
- Digestive Diseases
- Disease Prevention/Health Promotion
- Epilepsy Education and Prevention
- Health Promotion and Education
- Kidney and Urologic Diseases
- Maternal and Child Health
- Medical Genetics and Rare Disorders
- Oral Health
- Prenatal Smoking Cessation
- Weight Control

HIV Postexposure Prophylaxis (PEP) Registry

The U.S. Public Health Service has recommended the use of antiretroviral agents as postexposure prophylaxis (PEP) after certain occupational exposures to HIV.* To collect information about the safety and outcome of taking antiretroviral drugs for postexposure prophylaxis, the Centers for Disease Control and Prevention (CDC), Glaxo Wellcome Inc. and Merck & Co. have established the HIV Postexposure Prophylaxis Registry.

What is the Registry?

The HIV Postexposure Prophylaxis (PEP) Registry is an important surveillance program designed to collect safety information on the use of antiretroviral drugs in non-HIV infected health-care workers who receive PEP for occupational HIV exposure.

Why is the Registry Important?

Much remains to be learned about the management of exposure to HIV. Except for zidovudine, there is very little information on the use, toxicity and benefits of antiretroviral drugs in persons not infected with HIV. By collecting information on occupational HIV PEP, this registry will gather data which will help clarify the safety and benefit of PEP use.

How to Participate in the Registry

Health-care providers who prescribe HIV PEP to health-care workers for occupational HIV exposures are encouraged to contact the registry. The information requested by the registry is likely to be collected as part of the usual management of occupational HIV exposure; additional visits or laboratory work is not expected. Information is obtained at the beginning of treatment, after completion of treatment and six months after the exposure. Health-care worker participation is voluntary and confidential.

For more information contact:

The HIV PEP Registry
1410 Commonwealth Drive, Suite 215
Wilmington, NC 28405

Toll-free telephone:
(888) PEP-4HIV or (888) 737-4448
8:30 a.m.–5:30 p.m. EST
Pager coverage after-hours

Toll-free fax:
(800) 800-1052
Available 24 hours

* For complete information about current recommendations, see "Update: Provisional Public Health Service recommendations for chemoprophylaxis after occupational exposure to HIV," MMWR 1996;45:468-72. Copies are available from the National AIDS Clearinghouse at (800) 458-5231. These recommendations were reprinted in the May–June 1996 edition of the Missouri Epidemiologist.

The recommendations are also available on the Internet at:
http://aepo-xdv-www.epo.cdc.gov/wonder/prevguid/m0042200/m0042200.htm

Further information on prevention and management of occupational exposures is available from CDC's Hospital Infections Program at:
http://www.cdc.gov/ncidod/hip/hip.htm

National Hotline Provides 24-Hour Consultation on Occupational Exposures to HIV and Other Blood Borne Pathogens

Health care workers are often exposed through occupational accidents to HIV or hepatitis and other blood borne diseases. Studies have found that prompt treatment for exposures can help to reduce the number of persons who actually become infected from these accidents.

A new 24-hour emergency hotline for clinicians who need advice on treating patients who have suffered occupational exposures to blood has opened to help provide prompt and appropriate treatment. The free hotline is open seven days a week by calling (888) HIV-4911 or (888) 448-4911.

The hotline, called the National Clinician's Post-Exposure Prophylaxis Hotline (PEPLine), is staffed by University of California–San Francisco (USCF) health care providers at San Francisco General Hospital. PEPLine offers the most current information on treatment (prophylaxis) for occupational exposures. Callers to PEPLine will receive immediate advice from physicians, clinical pharmacists or nurse practitioners. Non-emergency calls will be returned during business hours.

The PEPLine experts will help callers assess patient risks, discuss the current post-exposure prophylaxis protocols, and review specific treatment and follow-up options. Written materials expanding on the telephone discussion will be sent when needed. Protocols are also available on the internet at **http://epi-center.ucsf.edu.**

The PEPLine was created by combining resources from two existing UCSF programs—the National HIV Telephone Consultation Service (Warmline)¶ and the Needlestick Hotline.

¶ The Warmline at (800) 933-3413 is an additional free consultation service for health care providers caring for HIV-infected patients.

Co-director of the PEPLine, Julie L. Gerberding, M.D., M.P.H., who also developed the Needlestick Hotline, states, "recent studies suggest that prompt treatment can be critically important for many health care workers sustaining occupational exposures. Antiretroviral therapy is potentially a lifesaver. However, therapy should be started as soon as possible after an exposure. That's why the PEPLine can make a difference." (In addition, it is essential that all health care facilities, including medical offices and clinics, have in place a protocol, updated as necessary, for managing occupational exposures. Prophylactic antiretroviral drugs must be available at the facility, or else arrangements must be in place to obtain the drugs at a nearby facility, such as a hospital.)

The development of new antiretroviral drugs has given hope to HIV-infected persons and to exposed health care workers. However, these advances also mean that determining the most effective prophylaxis regimen can be difficult, especially as recommendations change over time. The PEPLine will ensure that state-of-the-art knowledge is available to all health professionals providing care to individuals who have suffered occupational exposures.

PEPLine is funded by the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), in collaboration with the San Francisco Department of Health and UCSF.

Food Recalls

(continued from page 3)
limited resources and finding product distribution routes.

In summary, you should know that the number of food recalls is increasing. As our population ages and the number of immunocompromised individuals increases, the number of people who will experience severe symptoms from a contaminated food product will also increase. Therefore, being familiar with the symptoms associated with the organism or agent of a recalled food product will lead to a quicker treatment for some individuals and provide information to regulatory agencies that could prevent additional unnecessary exposures to such product.

VIDEOCONFERENCES IN 1998

The Bureau of Immunization will sponsor the following Centers for Disease Control and Prevention satellite broadcasts during 1998:

Vaccine Safety and Risk Communication
February 26, 1998

Epidemiology & Prevention of Vaccine-Preventable Diseases
April 9, 16, 23 & 30, 1998 (4-day course)

Adult Immunization Update
June 4, 1998

Immunization Update 1998
September 10, 1998

Adult Immunization: Strategies That Work
October 8, 1998

These live, interactive satellite videoconferences feature question and answer sessions in which participants nationwide can address questions to the course instructors on toll-free telephone lines. Target audiences include: physicians, nurses, sanitarians, infection control practitioners, laboratorians, epidemiologists, disease reporters and others who are involved in the surveillance and reporting of vaccine-preventable diseases.

For more information about the courses or for site locations in Missouri, contact the immunization representative in your district health office or the Bureau of Immunization at (573) 751-6133.

1996 Missouri Health Statistics

Wayne F. Schramm, M.A.
Bureau of Health Data Analysis

Final 1996 Missouri mortality statistics reveal a one-third decline in AIDS deaths from 502 in 1995 to 339 in 1996. The rate of AIDS mortality in 1996 (6.3 per 100,000 population) was the lowest in Missouri in six years.

Overall mortality data for Missouri shows a slight decrease of about one percent from 54,222 in 1995 to 53,766 in 1996. See Table 1. The life expectancy for Missourians increased from 75.3 years in 1995 to 75.5 years in 1996. This matches the 1992 Missouri record life expectancy. As Table 2 shows, life expectancies for Missouri men increased from 71.8 to 72.4 years in 1996; while for Missouri women, it decreased from 78.6 to 78.5 years. The 1996 male-female difference of 6.1 years is the smallest since the 1950s. The largest difference of 8.2 years occurred in 1976.

The three leading causes of death (heart, cancer and stroke) all decreased slightly in 1996, with cancer showing the largest decrease (2.5 percent). Deaths due to pneumonia and influenza, septicemia, homicide and liver disease also decreased in 1996. Contrarily, mortality increased for chronic obstructive pulmonary disease, unintentional injuries (accidents), diabetes, suicides and kidney disease (nephritis and nephrosis).

The decline in AIDS-related deaths in Missouri appears to reflect a national trend. The Centers for Disease Control and Prevention has reported that the national age-adjusted death rate from HIV/AIDS dropped an estimated 26 percent between 1995 and 1996, from 15.6 deaths per 100,000 population in 1995 to 11.6 in 1996. The decreased mortality in Missouri and elsewhere is believed to be related to improvements in medical care for persons with HIV disease, the increasing use of medicine to prevent the onset of infections and the use of combination therapy with antiretroviral agents (including protease inhibitors). However, Department of Health officials still stress the importance of prevention.

The decrease in the life expectancy advantages of women over men is reflected in the 2.6 percent decrease in male deaths in 1996 and 0.6 percent increase in female mortality. About one-fourth of the male decrease is due to the AIDS mortality decrease as over 90 percent of AIDS deaths in Missouri are in men. Another one-quarter of the male decrease is reflected in a three percent decrease in smoking-related deaths. Smoking-related deaths for females did not change in 1996. These differentials reflect smoking behavior changes by gender from 20 to 30 years ago. Forty percent of the male mortality decrease

Table 1. Leading Causes of Death, Missouri, 1986, 1995 and 1996.

Leading Causes of Death	1996 No.	1996 Rate*	1995 No.	1995 Rate*	1986 No.	1986 Rate*
Heart	18,174	339.1	18,335	344.7	18,114	360.5
Cancer	12,014	224.2	12,319	231.6	10,813	215.2
Lung Cancer	3,687	68.8	3,756	70.6	3,125	62.2
Stroke	3,866	72.1	3,937	74.0	3,612	71.9
Chronic Pulmonary Disease	2,516	46.9	2,447	46.0	1,913	38.1
Accidents	2,253	42.0	2,201	41.4	2,221	44.2
Motor Vehicle	1,145	21.4	1,102	20.7	1,140	22.7
Other	1,108	20.7	1,099	20.7	1,081	21.5
Pneumonia & Influenza	2,179	40.7	2,238	42.1	1,726	35.0
Diabetes	1,289	24.1	1,237	23.3	847	16.9
Suicide	768	14.3	726	13.6	728	14.5
Nephritis & Nephrosis	647	12.1	612	11.5	574	11.3
Septicemia	500	9.3	510	9.6	442	8.8
Homicide	476	8.9	482	9.1	487	9.7
Liver Disease	408	7.6	413	7.8	404	8.0
AIDS	339	6.3	502	9.4	63	1.3
Tuberculosis	18	0.3	23	0.4	36	0.7
Maternal Deaths	12	16.3**	12	16.5**	4	3.9**
Total Deaths	**53,766**	**10.0*** **	**54,222**	**10.2*** **	**49,971**	**10.6*** **
Population	5,359,000		5,319,000		5,024,000	

* per 100,000 population
** per 100,000 live births
*** per 1,000 population

was due to a three percent decrease in heart disease deaths.

Maternal and Child Health

Final 1996 Missouri vital statistics show a slight increase in infant mortality from 7.4 in 1995 to 7.6 per 1,000 live births in 1996. See Table 3. The 7.6 rate is the second lowest infant death rate ever recorded in Missouri (second only to the 1995 rate). Infant mortality increased slightly in St. Louis City, Kansas City and non-metro Missouri, while decreasing in St. Louis County.

The Missouri rate of inadequate prenatal care reached a record low in 1996 (12.0%) compared with 12.4 percent in 1995. The rate of low birth weight (less than 5.5 pounds) decreased slightly from 7.6 to 7.5 percent. The disparity between whites and African Americans decreased for inadequate prenatal care and low birth weight in 1996, but the disparity increased for infant mortality. In 1996, the ratio between the African-American and white rates was 2.9 for inadequate prenatal care, 2.0 for low birth weight and 2.5 for infant mortality.

As Table 4 shows, abortions increased 2.6 percent from 13,635 in 1995 to 13,989 in 1996 with the largest increase in the Kansas City area. Out-of-wedlock births increased in 1996 following two years of declines. After dropping by one-third from 1991 to 1995, the number of short spacing births (less than 18 months between births) increased 2.6 percent in 1996 to 4,413 from 4,301 the previous year. The total number of teen births (10,477) did not change substantially in 1996, but births to early teens (under 18) decreased by 2.4 percent, from 3,910 to 3,816.

Other maternal and child health indicators show the following:

- The rate of maternal smoking during pregnancy decreased from 20.0 percent in 1995 to 19.5 percent in 1996, the lowest rate ever reported.
- The numbers of women on Medicaid during their pregnancy remained about the same, (29,423 in 1996 compared with 29,318 in 1995).

(continued on page 14)

Table 2. Life Expectancies (Years) by Gender, Missouri, 1950–96.

Year	Male	Female	Difference
1950	65.6	71.3	5.7
1960	66.9	73.6	6.7
1970	66.8	74.7	7.9
1975	68.4	76.4	8.0
1980	69.9	77.6	7.7
1985	71.2	78.3	7.1
1990	71.7	78.9	7.2
1991	71.5	78.9	7.4
1992	71.8	79.1	7.3
1993	71.6	78.7	7.1
1994	71.7	78.6	6.9
1995	71.8	78.6	6.8
1996	72.4	78.5	6.1

Table 3. Maternal and Child Health Statistics, Missouri, 1986, 1995 and 1996.

	1996		1995		1986	
	No.	%	No.	%	No.	%
Infant Deaths	558	7.6	539	7.4	799	10.6
White	381	6.2	384	6.4	574	9.1
Black	175	15.8	150	13.7	218	19.1
Inadequate Prenatal Care	8,577	12.0	8,786	12.4	12,089	16.6
White	5,560	9.3	5,616	9.5	8,580	14.0
Black	2,763	26.8	2,964	28.5	3,332	30.9
Low Birth Weight	5,537	7.5	5,547	7.6	5,118	6.8
White	3,987	6.5	3,893	6.5	3,600	5.7
Black	1,426	12.9	1,546	14.1	1,461	12.8
Out-of-Wedlock Births	24,454	33.2	23,361	32.1	16,884	22.5
Teen (age 10–19) Live Births	10,477	14.2	10,487	14.4	10,101	13.4
Early Teen (age 10–17) Live Births	3,816	5.2	3,910	5.4	3,716	4.9
Smoking During Pregnancy	14,409	19.5	14,577	20.0	20,266	27.9
Medicaid Births	29,423	41.3	29,318	41.6	NA	NA
WIC Births	29,604	41.6	28,415	40.3	NA	NA
Food Stamp Births	15,146	21.3	15,567	22.1	NA	NA

Table 4. Resident Abortions, Births Spaced Less Than 18 Months Apart and Out-of-Wedlock Births by year, Missouri, 1989–96.

	Abortions		Births Spaced Less Than 18 Months Apart		Out-of-Wedlock Births	
	No.	Yearly Change	No.	Yearly Change	No.	Yearly Change
1989	18,639	--	5,979	--	21,105	--
1990	17,947	-3.7%	6,303	+5.4%	22,597	+7.1%
1991	17,171	-4.3%	6,480	+2.8%	23,673	+4.8%
1992	16,240	-5.4%	6,188	-4.5%	23,981	+1.3%
1993	15,415	-5.1%	5,677	-8.3%	24,320	+1.4%
1994	14,119	-8.4%	4,923	-13.3%	23,845	-2.0%
1995	13,635	-3.7%	4,301	-12.7%	23,361	-2.2%
1996	13,989	+2.6%	4,413	+2.6%	24,454	+4.7%

(continued from page 13)

- The number of women on the Supplemental Food Program for Women, Infants and Children (WIC) during their pregnancy increased by 4.2 percent from 28,415 in 1995 to 29,604 in 1996.
- Food stamp recipients during pregnancy (15,146) decreased by 2.7 percent in 1996.
- Maternal deaths in 1996 (12) matched the 1995 figure which was the highest number in 20 years. A large proportion of these deaths occurred to African-American women in the St. Louis area.

Communicable Diseases

Reports of early syphilis (primary, secondary, and early latent) cases decreased from 1,090 in 1995 to 480 in 1996, a 56 percent decrease. Reported cases of congenital syphilis decreased 73.9 percent from 46 in 1995 to 12 in 1996. These decreases are probably the results of increased follow-up resources devoted to the St. Louis metropolitan area and southeast Missouri.

Gonorrhea continues to decline with 8,414 cases reported in 1996 compared to 11,299 reported in 1995, a decrease of 25.5 percent.

A total of 11,935 cases of *Chlamydia trachomatis* infections were reported in 1996, a slight decrease from the 12,052 cases reported in 1995.

In 1996, 845 AIDS cases and 536 HIV cases were reported in Missouri residents. It is estimated there are currently 8,000 to 11,000 HIV-infected persons living in Missouri. From 1982 through 1996, a total of 7,181 AIDS cases have been reported; 4,126 (57.5%) of these individuals are known to have died.

Seventy-four cases of pertussis (whooping cough) were reported in 1996. This was an increase from 1995 in which there were 63 reported cases.

In 1996, three confirmed cases of measles were reported. This was an increase from 1995 when two confirmed cases of measles were reported.

One case of tetanus was reported in 1996 in an adult, compared to 1995 when 3 cases were reported.

No cases of rubella, diphtheria, polio, or *Haemophilus influenzae* type b (Hib) meningitis were reported in 1996.

Hepatitis A, at 1,414 cases, accounted for the largest proportion of the 5,124 communicable disease cases reported to the Bureau of Communicable Disease Control in 1996. This is an 18.4 percent reduction from the 6,444 diseases reported to the bureau in 1995.

Hepatitis A showed a geographic shift. Incidence decreased in the Northwestern Health District (mainly the Kansas City metropolitan area) from 742 cases in 1995 to 305 cases in 1996. In the Southwestern Health District, hepatitis A increased 395.3 percent from 127 cases reported in 1995 to 629 in 1996.

The largest decrease in incidence was in shigellosis with 387 cases reported in 1996, 66.0 percent below the 1,138 cases reported in 1995. This reversed an upward trend and is 42.6 percent below the five year median of 674 cases; the lowest it has been since 1991. The Eastern and Northwestern health districts showed the greatest reduction in the number of reported cases of shigellosis.

Hepatitis B cases declined from 437 cases in 1995 to 326 cases in 1996, continuing its downward trend since 1990. The 1996 incidence was 39.4 percent lower than the five-year median of 538 cases.

Meningococcal disease continues to increase in the state following a three-year trend. The disease has shifted from the southwest to the larger Kansas City and St. Louis metropolitan areas. The 1996 incidence of 57 cases is 54.1 percent above the five-year median of 37 cases.

For the second year in a row, Missouri's tuberculosis cases have declined. In 1996, 224 new tuberculosis cases were reported for a case rate of 4.2 per 100,000 population. This represents an 8.2 percent decrease from 1995 when 244 cases were reported.

While the number of tuberculosis cases in the non-metropolitan areas of Missouri decreased from 117 cases to 83, three out of the four major metropolitan areas showed increases in cases. Specifically, St. Louis City increased from 40 to 44 cases, Springfield-Greene County increased from 10 to 17 and Kansas City increased from 42 to 48.

Whites accounted for 52 percent of all reported tuberculosis cases in 1996 followed by African-Americans with 31 percent, Asians with 14 percent and Hispanics with 3 percent. The percentage of cases occurring among foreign born increased from 11 percent to 18 percent. The case rate for Asians was 62.1 per 100,000, followed by 12.0 for African Americans, 9.5 for Hispanics and 2.5 for whites.

Bureau of Communicable Disease Control Announces Two New Appointments

The Bureau of Communicable Disease Control in the Division of Environmental Health and Communicable Disease Prevention welcomes Mary Elizabeth (Liz) Kliethermes as the new Assistant Health Program Administrator for the Bureau of Communicable Disease Control. Liz is a registered nurse with managerial experience. As an employee with the Division of Aging for eight years, Liz served as a Facility Advisory Nurse within the Policy Unit of Institutional Services. In this capacity, she routinely taught the basics of infection control to new providers in long-term care facilities statewide. She also served as the liaison between providers and the Department of Health whenever communicable disease outbreaks occurred in long term care facilities. Liz holds a B.S. in accounting and business administration and has had experience in auditing both financial records and medical records. She has had a rich background in writing policy and working with legislative issues pertaining to long-term care.

Mrs. Kliethermes is responsible for providing consultation and assistance to the Communicable Disease Coordinators located in the six health districts in Missouri. She also coordinates influenza surveillance for Missouri. Liz is the bureau's representative to the division's financial unit on budget matters and fiscal notes. She also assists the Bureau Chief with legal issues, strategic planning and continuous quality improvement.

The bureau also welcomes Dr. Laura Hardin, a veterinarian and Ph.D. candidate in curriculum and instruction. Dr. Hardin holds a Masters of Science in veterinary epidemiology and has had experience in conducting research, applying for grants, writing articles for peer reviewed journals and teaching undergraduate and graduate students. Dr. Hardin joins the bureau as an Epidemiology Specialist. She will coordinate investigative work related to hepatitis A, B and C. Dr. Hardin is managing two hepatitis C seroprevalence studies at two mid-Missouri facilities and has assisted in implementing a hepatitis A vaccine demonstration project in Southwestern Health District. Dr. Hardin is also assisting with disease investigations and responses to calls about zoonotic diseases.

LATE BREAKERS

☞ The Department of Health's desire to strengthen public-private partnerships is being demonstrated with two projects that began November 18, 1997.

The first is financial support from Schering Corporation for a hepatitis C seroprevalence study in two mid-Missouri populations (one thought to be at high risk and one with moderate risk). Department of Health (DOH) staff will do risk assessment interviews with the patients who agree to blood testing, and will also provide data entry, data management and analysis. Schering is supporting the cost of the ELISA and RIBA tests on the blood specimens. A check for $20,000 was presented to DOH on Thursday, November 6, 1997. We appreciate Schering helping to estimate seroprevalence in these two populations. Because hepatitis C is considered a major unrecognized public health problem, we hope that future resources will enable DOH to manage a larger population-based study.

The second project is a hepatitis A vaccine intervention project in southwest Missouri. Because several counties within the Southwestern Health District met the Centers for Disease Control and Prevention (CDC) definition for intermediate rate of hepatitis A (50-200/100,000), these counties are eligible to receive vaccine through the Vaccines for Children (VFC) program. The intermediate rate counties are also eligible to receive hepatitis A pediatric vaccine from a supply of 90,160 single-dose vials donated from Smith, Kline, Beecham. Both the VFC and the donated vaccine will be used to immunize the pediatric and adolescent populations in these counties where the risk of transmission is highest. A comparison of hepatitis A incidence will be done for the age groups that receive high vaccine saturation (50-70%) and for those that do not. We hope this venture will enable us to contribute to the body of knowledge pertaining to the long-term prevention of hepatitis A in the 20–39 year old population and the control of community-wide hepatitis A outbreaks. We appreciate Smith, Kline, Beecham for their generosity in this demonstration project.

☞ Effective December 8, 1997, Howard Pue, D.V.M., M.S. was appointed Chief of the new Office of Surveillance in the Division of Environmental Health and Communicable Disease Prevention. Dr. Pue has recently retired from the U.S. Air Force where he served as a preventive medicine officer since 1983. More information on the new Office of Surveillance will be provided in a future issue of this newsletter.

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Upcoming Conference

PROVIDING MEANINGFUL PERFORMANCE MEASUREMENTS

March 20, 1998
Capitol Plaza Hotel and Convention Center
Jefferson City, MO

This is a focused seminar for experienced infection control professionals wishing to better understand and utilize significance testing and rates/ratios comparisons.

Sponsored by twelve organizations including the Missouri Department of Health, Missouri Hospital Association and Missouri APIC Chapters.

Request for continuing education credits for physicians, R.N.s and lab technicians has been submitted.

For further information or to request a brochure, contact:

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